* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	тине виделения в	Description						9			Cost	- p	-,			erage		Convenience
			M		ype of Advantage	Plan I					D	rug Deduc	tible		Type of Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
ANDERSON	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-				Ţ.				
		BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•						\$39.00	-								
		Cariten Senior Health-Advantage Plus	•						\$78.00	\$39.24		•		•			83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		•					\$88.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•						\$37.00	\$29.29	•			•			89	•
	,	Secure Plus 15	•						\$64.00	-								
		Secure Plus 20	•						\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$89.00	-								
		Secure Plus 15	•						\$93.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$107.90	\$43.90	•			•			89	•
		Secure Plus Prime	•						\$118.00	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$133.00	\$43.90	•			•			89	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
BEDFORD	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-	1							
		BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary	•						\$0.00	-								
	, , , , , , , , , , , , , , , , , , ,	Special Care	•						\$0.00	\$0.00			•				86	•
		Total Care							\$15.91	\$15.91			•				86	•
		HealthSpring Plus	•						\$23.50	\$23.50			1		•		86	
		HealthSpring Advantage	•						\$118.00	\$18.56			•				86	•
	Healthspring, Inc.	HealthSpring PPO							\$104.00	\$18.56			•				86	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				\$67.00	-			1					
		Humana Gold Choice PFFS H1804-020							\$83.00	\$27.67	•		1	•	1		97	•
		HumanaChoicePPO PPO R5826-033	1		•				\$104.00	\$19.01							97	
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•		1	•	1		97	•
	Sterling Option I	Sterling Option I	†						\$9.00	-					†			
BENTON	BlueCross BlueShield of Tennessee	BlueAdvantage	†			•			\$110.00	-					†			
F		BlueAdvantagePlus	1			•			\$147.98	\$37.98	•		l	•	1		95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			\$53.00	\$27.67	•		1	•	1		97	•
—		HumanaChoicePPO PPO R5826-019	 		•	Ť			\$67.00	φ27.07	t i		†		1			
		HumanaChoicePPO PPO R5826-033	1		•				\$104.00	\$19.01	1		l	t	1		97	•
		HumanaChoicePPO PPO R5826-001	1	1	•				\$114.00	\$29.28	•	<u> </u>	1	•	1		97	•
 	Sterling Option I	Sterling Option I	 	-					\$9.00	Ψ23.20	<u> </u>		 	<u> </u>	 			-
BLEDSOE	BlueCross BlueShield of Tennessee	BlueAdvantage	 	-		-			\$76.00	-	1		 	1	 			
J.L.DOOL	2.3331030 Diaconicia di Tollilessee	BlueAdvantagePlus	 			-			\$113.98	\$37.98	•		 	•	 		95	•
<u> </u>	Humana Insurance Company	Humana Gold Choice PFFS H1804-009	 			•			\$0.00	\$0.00	· ·		 	- : -	 		97	- : -
<u> </u>	numana insurance Company	HumanaChoicePPO PPO R5826-019	 	-	•	•			\$67.00	\$0.00	<u> </u>		1		 		91	-
-									\$67.00	\$19.01		_	 	-	 		07	
		HumanaChoicePPO PPO R5826-033 HumanaChoicePPO PPO R5826-001		-	•		—				<u> </u>	•	 		 		97 97	•
	Conumal Institute of Disease		 	-	•				\$114.00	\$29.28	•		 	•	 		97	•
-	SecureHorizons Direct	SecureHorizons Direct Plan 1	 	-		•			\$0.00 \$85.00	-		-	 		 			
	Ctarling Option I	SecureHorizons Direct Premier Plan 200	 	-							1		 	-	 			
	Sterling Option I	Sterling Option I				•			\$9.00	-			l		i			

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description						9			Cost		,			erage		Convenience
		,														Additional		
			М		ype of Advantage	Plan					D	rug Deduct	ible			Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO		Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BLOUNT	BlueCross BlueShield of Tennessee	BlueAdvantage BlueAdvantagePlus				•			\$51.00 \$88.98	- \$37.98							95	
	Cariten Senior Health	Cariten Senior Health Complete				<u> </u>			\$32.33	\$37.96	•			•			83	•
		Cariten Senior Health - Advantage	•						\$39.00	-								
		Cariten Senior Health-Advantage Plus	•						\$78.00	\$39.24		•		•			83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		٠					\$88.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			<u> </u>				\$67.00	-							07	
		HumanaChoicePPO PPO R5826-033 HumanaChoicePPO PPO R5826-001			<u> </u>				\$104.00 \$114.00	\$19.01 \$29.28		•		•			97 97	:
	John Deere Health Plan, Inc.	Secure Plus 25	•	1		 	 		\$37.00	\$29.29	-			•			89	•
	Com Decre Health Flan, Inc.	Secure Plus 15	•						\$64.00	φ23.23	•						- 55	
		Secure Plus 20	•	1					\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$89.00	-								<u> </u>
		Secure Plus 15	•						\$93.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$107.90	\$43.90	•			•			89	•
		Secure Plus Prime	•						\$118.00	\$29.29	•			•			89	•
	SecureHorizons Direct	Secure Plus Prime SecureHorizons Direct Plan 2	•						\$133.00 \$0.00	\$43.90	•			•			89	•
	Securemonzons Direct	SecureHorizons Direct Premier Plan 200				•	1		\$85.00	-							 	
	Sterling Option I	Sterling Option I				•			\$9.00	-							 	
BRADLEY	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$76.00	-								
		BlueAdvantagePlus				•			\$113.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•						\$39.00	-								1
		Cariten Senior Health-Advantage Plus	•						\$78.00	\$39.24		•		•			83	•
	Healthspring	HealthSpring Primary	•						\$0.00	-								
		Special Care	•						\$0.00	\$0.00			•				86	•
		Total Care	•				<u> </u>		\$15.91 \$23.50	\$15.91 \$23.50			•				86 86	•
		HealthSpring Plus HealthSpring Advantage	•						\$23.50 \$118.00	\$23.50 \$18.56	•			•	•		86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019	•	1		•	1		\$53.00	\$27.67			•				97	•
	Transarance Company	HumanaChoicePPO PPO R5826-019			•	<u> </u>			\$67.00	φ21.01				-			31	
		HumanaChoicePPO PPO R5826-033	†		•		†		\$104.00	\$19.01							97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00									i
CAMPBELL	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-								
		BlueAdvantagePlus		ļ		•			\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•	<u> </u>		ļ	<u> </u>		\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	:	ļ	1	1	<u> </u>		\$39.00	- \$39.24					-		92	
-	Cariten Senior Health (PPO)	Cariten Senior Health-Advantage Plus Cariten Senior Health PPO	•		-	-	-		\$78.00 \$88.00	\$39.24 \$39.24		<u> </u>		•			83 83	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019	 	⊢ •		 	 		\$67.00	\$39.24		<u> </u>		•			65	
		Humana Gold Choice PFFS H1804-020		1		•	†		\$83.00	\$27.67	•						97	•
		HumanaChoicePPO PPO R5826-033	<u> </u>	1	•		1		\$104.00	\$19.01		•		_			97	•
		HumanaChoicePPO PPO R5826-001	1	1	•				\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•						\$37.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$64.00	-								
		Secure Plus 20	•	<u> </u>		<u> </u>			\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•	ļ	ļ		<u> </u>		\$89.00	-		ļ						
		Secure Plus 15	•	<u> </u>			<u> </u>		\$93.00	\$29.29	•			•			89	•
-		Secure Plus 15 Secure Plus Prime	•	<u> </u>		-	1		\$107.90 \$118.00	\$43.90 \$29.29	•			•			89 89	•
		Secure Plus Prime Secure Plus Prime	•	1	1	1	1	-	\$118.00	\$43.90	•	1		•	1		89 89	•
	Sterling Option I	Sterling Option I	⊢ •	1			\vdash		\$9.00	ψ -1 3.30 -	<u> </u>			•	 		59	
L	1 m ig op ion i	1	1	<u> </u>	·		1		ψ0.00	L		·		l	l .			,

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CANNON	BlueCross BlueShield of Tennessee	BlueAdvantage	111110	1.0	1.0	•	i iuii	i iuii	\$51.00	- I Tellialii	2010	rtcaacca	(ψ200)	Drugs	Offiny	Dianas	Tormalary	Officia
0/11414014	Didectoss Didectricia di Termessee	BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary	•						\$0.00	φοτ.σο -				•			30	•
	Troductopring	Special Care	•	1					\$0.00	\$0.00							86	
		Total Care	•						\$15.91	\$15.91			•				86	•
		HealthSpring Plus	•	1					\$23.50	\$23.50	•			•			86	•
		HealthSpring Advantage	•						\$118.00	\$18.56		1	•				86	•
	Healthspring, Inc.	HealthSpring PPO		•					\$104.00	\$18.56		t e	•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-	1	1				1		
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•	1		•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-		1						
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
CARROLL	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-								
		BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
CARTER	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-								
		BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•						\$39.00	-								
	0 : 0 : 11 # (DD0)	Cariten Senior Health-Advantage Plus	•	ļ	ļ				\$78.00	\$39.24	 	•		•		 	83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO	<u> </u>	•					\$88.00	\$39.24	<u> </u>	•		•		<u> </u>	83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009	-	1	<u> </u>	•			\$0.00	\$0.00	•	1		•		1	97	•
		HumanaChoicePPO PPO R5826-019	-	1	•				\$67.00	- 010.01	 	—				1	07	
		HumanaChoicePPO PPO R5826-033 HumanaChoicePPO PPO R5826-001		1	•		-		\$104.00	\$19.01		•	1				97 97	•
	John Deere Health Plan, Inc.	Secure Plus 25		1	•		-		\$114.00 \$37.00	\$29.28 \$29.29	•		1	•			89	•
	John Deere Health Plan, Inc.	Secure Plus 25 Secure Plus 15	•	-	-			-	\$37.00	\$29.29	-	 	-	<u> </u>		-	09	•
		Secure Plus 15 Secure Plus 20	•	-	-			-	\$69.29	\$29.29	•	 	-			-	89	•
		Secure Plus 20 Secure Plus Prime	•	-	-			-	\$89.00	\$29.29	-	 	-	<u> </u>		-	09	•
	+	Secure Plus Pfilme Secure Plus 15	<u>:</u>	1	 		-	-	\$93.00	\$29.29		1	 			 	89	•
	+	Secure Plus 15	•	1	 		-	-	\$107.90	\$43.90	<u> </u>	1	 	•		 	89	•
	1	Secure Plus Prime	-	 	 			-	\$107.90	\$29.29	<u> </u>	 		- : -		 	89	•
	1	Secure Plus Prime	•	 	 			-	\$133.00	\$43.90	-	 		-		 	89	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	<u> </u>	 	 			-	\$0.00	φ43.90	 	 				 	- 00	
	CCCC.SI IOIIZOIIO DIICOC	SecureHorizons Direct Premier Plan 200	1	1	1	•			\$85.00	-	1	1				1		
	Sterling Option I	Sterling Option I	1	1	1	· ·			\$9.00	-	1	1				1		
	g option :	UnitedHealthcare MedicareComp Essential		1	1				ψ0.00	t	1	1		1		1	l	
	United Healthcare Insurance Company					•			\$0.00	\$0.00				•			97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	•	Description									Cost	•				erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо		Regional PPO			Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CHEATHAM	BlueCross BlueShield of Tennessee	BlueAdvantage	TIMO	110	110	•	I Iaii	I Iaii	\$110.00	-	2610	Reduced	(\$250)	Drugs	Offiny	Dianus	1 Officially	Ollered
011271117111	Biacoroco Biacornola di Tornicococ	BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary	•						\$0.00	-								
		Special Care	•						\$0.00	\$0.00			•				86	•
		Total Care	•						\$15.91	\$15.91			•				86	•
		HealthSpring Plus	•						\$23.50	\$23.50	•			•	•		86	•
		HealthSpring Advantage	•						\$118.00	\$18.56			•				86	•
	Healthspring, Inc.	HealthSpring PPO		•					\$104.00	\$18.56			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019		<u> </u>		•			\$53.00	\$27.67	•	ļ		•			97	•
	1	HumanaChoicePPO PPO H4408-002	ļ	٠	 	 	L		\$54.00	\$27.62	•			•		ļ	97	•
		HumanaChoicePPO PPO R5826-019	<u> </u>	<u> </u>	•	-			\$67.00	-	-						c=	
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
	Sterling Option I	HumanaChoicePPO PPO R5826-001	1	1	•			<u> </u>	\$114.00 \$9.00	\$29.28	•	 		•		 	97	•
	Windsor Medicare Extra	Sterling Option I Windsor Medicare Extra Silver Plan				<u> </u>	-		\$9.00	-								
	Windsor Medicare Extra	Windsor Medicare Extra Gold Enhanced	•				-		\$0.00	-								
		Plan	•						\$31.00	\$31.00	•			•	•		97	•
		Windsor Medicare Extra Gold Basic Plan	•						\$32.00	\$31.76				•			97	•
		Windsor Medicare Extra Comprehensive							600.00	# 00.00							97	
		Plan Windsor Medicare Extra Platinum Basic Plan							\$32.33	\$32.33			•					•
		Windsor Medicare Extra Platinum							\$51.00 \$57.00	\$31.76 \$38.44	•			•			97	•
CLICCTED	Divisions Division of Tennesses	Enhanced	•						\$57.00 \$110.00		•			•	•		97	•
CHESTER	BlueCross BlueShield of Tennessee	BlueAdvantage				•				\$37.98		<u> </u>					0.5	
	Humana Insurance Company	BlueAdvantagePlus Humana Gold Choice PFFS H1804-019				•			\$147.98 \$53.00	\$37.98	•	<u> </u>		•			95 97	•
	numana insurance Company	HumanaChoicePPO PPO R5826-019				•			\$67.00	\$21.01 -	•			•			97	<u> </u>
		HumanaChoicePPO PPO R5826-033			-				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			· ·				\$114.00	\$29.28	•	+ · · ·		•			97	•
	Sterling Option I	Sterling Option I			 	•	-		\$9.00	φ29.20	<u></u>	 		•			31	<u> </u>
CLAIBORNE	BlueCross BlueShield of Tennessee	BlueAdvantage	-	!	 	•		-	\$51.00	-	 	 		-		 		
		BlueAdvantagePlus	ì	i –		•			\$88.98	\$37.98	•	1		•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•	i –					\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•	1				1	\$39.00	-		1		1			· · · ·	
		Cariten Senior Health-Advantage Plus	•	1	1	1			\$78.00	\$39.24	1	•		•		1	83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO	1	•	1	1			\$88.00	\$39.24	1	•		•		1	83	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				\$67.00	-				İ				
		Humana Gold Choice PFFS H1804-020				•			\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•						\$37.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$64.00	-								
		Secure Plus 20	•						\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$89.00	-								
		Secure Plus 15	•						\$93.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$107.90	\$43.90	•			•			89	•
		Secure Plus Prime	•						\$118.00	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$133.00	\$43.90	•			•			89	•
<u> </u>	Sterling Option I	Sterling Option I				•			\$9.00	-								

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

			Me		ype of Advantage	Plan				D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CLAY	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$51.00	-								
		BlueAdvantagePlus				•		\$88.98	\$37.98	•			•			95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•			\$67.00	-								
		Humana Gold Choice PFFS H1804-020				•		\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•		\$9.00	-								
COCKE	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$51.00	-								
		BlueAdvantagePlus				•		\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		•				\$88.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•		\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•			\$67.00									
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•					\$37.00	\$29.29	•			•			89	•
		Secure Plus 15	•					\$64.00	-								
		Secure Plus 20	•					\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•					\$89.00	- 000.00							00	
		Secure Plus 15 Secure Plus 15	•					\$93.00 \$107.90	\$29.29	•			•			89 89	•
		Secure Plus 15 Secure Plus Prime	•					\$107.90	\$43.90 \$29.29	•			•			89	- :-
		Secure Plus Prime Secure Plus Prime	•					\$133.00	\$43.90	•			<u> </u>			89	- : -
+	Sterling Option I	Sterling Option I	•					\$9.00	\$43.90	•			•			69	•
	BlueCross BlueShield of Tennessee	BlueAdvantage				-		\$110.00	-								-
COFFEE	BlueCross BlueSilleid of Termessee	BlueAdvantagePlus				•		\$147.98	\$37.98				•			95	
+	Healthspring	HealthSpring Primary	•			•		\$0.00	Ψ37.90				•			33	-
	rieattispility	Special Care	•					\$0.00	\$0.00							86	
+		Total Care	· :					\$15.91	\$15.91			•				86	- : -
		HealthSpring Plus	•	 				\$23.50	\$23.50	•		•	•			86	•
		HealthSpring Advantage	- ·	 				\$118.00	\$18.56	 		•	•			86	•
1	Healthspring, Inc.	HealthSpring PPO		•				\$104.00	\$18.56			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•			\$67.00	φ10.00 -							- 00	
-	Transara insurance company	Humana Gold Choice PFFS H1804-020		 				\$83.00	\$27.67				•			97	
		HumanaChoicePPO PPO R5826-033				-		\$104.00	\$19.01				•			97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•	-		•			97	•
	Sterling Option I	Sterling Option I						\$9.00	-							-	
	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$110.00	-								
		BlueAdvantagePlus				•		\$147.98	\$37.98	•			•			95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•		\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•			\$67.00	-							**	
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28				•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-								
İ		SecureHorizons Direct Premier Plan 200	1			•		\$85.00	-	1							
	Sterling Option I	Sterling Option I	1			•		\$9.00	-	1							
	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$51.00	-								
İ		BlueAdvantagePlus	1			•		\$88.98	\$37.98	•			•			95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019	1		•			\$67.00	-	1							
İ		Humana Gold Choice PFFS H1804-020				•		\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01		•		İ			97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•		\$9.00	-				İ				

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description							•		Cost	•	·			erage		Convenience
																Additional		
			М		ype of Advantage	Plan					D	rug Deduct	tible		Coverage	Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DAVIDSON	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-							05	
	Healthspring	BlueAdvantagePlus HealthSpring Primary	•			•			\$147.98 \$0.00	\$37.98	•			•			95	•
	nealtrispring	Special Care	•						\$0.00	\$0.00			•				86	•
		Total Care	•						\$15.91	\$15.91			•				86	•
		HealthSpring Plus	•						\$23.50	\$23.50	•			•	•		86	•
		HealthSpring Advantage	•						\$118.00	\$18.56			•				86	•
	Healthspring, Inc.	HealthSpring PPO		•					\$104.00	\$18.56			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO H4408-002		•					\$54.00	\$27.62	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033		ļ	•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001		1	•		.		\$114.00	\$29.28	•			•			97	•
<u> </u>	United Healthcare Of Tennessee, Inc.	UnitedHealthcare Medicare Complete	•	<u> </u>	ļ	ļ	!		\$0.00	-	ļ	<u> </u>			ļ		07	
		UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus							640.00	¢10.00							07	_
	Windsor Medicare Extra	Windsor Medicare Extra Silver Plan	÷		-				\$19.90 \$0.00	\$19.90 -	•	-		•			97	•
	Willusof Medicare Extra	Windsor Medicare Extra Gold Enhanced	•						\$0.00	-								
		Plan	•						\$31.00	\$31.00	•			•	•		97	•
		Windsor Medicare Extra Gold Basic Plan	•						\$32.00	\$31.76	•			•			97	•
		Windsor Medicare Extra Comprehensive Plan	•						\$32.33	\$32.33			•				97	•
		Windsor Medicare Extra Platinum Basic Plan							\$51.00	\$31.76	•			•			97	•
		Windsor Medicare Extra Platinum							0== 00	200.44								
DEKALD	Divide a Div	Enhanced	•						\$57.00	\$38.44	•			•	•		97	•
DE KALB	BlueCross BlueShield of Tennessee	BlueAdvantage BlueAdvantagePlus				•			\$51.00 \$88.98	- \$37.98	•						95	•
	Healthspring	HealthSpring Primary	•		-	•			\$0.00	\$37.90	•	-					95	•
	nealtrispring	Special Care	·						\$0.00	\$0.00			•				86	•
		Total Care	•						\$15.91	\$15.91			·				86	·
		HealthSpring Plus	•						\$23.50	\$23.50							86	•
		HealthSpring Advantage	•						\$118.00	\$18.56			•				86	•
	Healthspring, Inc.	HealthSpring PPO		•					\$104.00	\$18.56			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			\$0.00	\$0.00	•	<u></u>		•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	United Healthcare Of Tennessee, Inc.	UnitedHealthcare Medicare Complete	•	<u> </u>					\$0.00	-				1				
<u></u>		UnitedHealthcare Medicare Complete Rx	•	ļ		ļ			\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus				l			040.00	040.00								
DECATUS	DiveCrees DiveChi-14 - (T	Rx	•	<u> </u>					\$19.90	\$19.90	•			•			97	•
DECATUR	BlueCross BlueShield of Tennessee	BlueAdvantage BlueAdvantagePlus		1	 	•	-		\$110.00 \$147.98	\$37.98	•	 		-	 		95	
<u> </u>	Humana Incurance Compony	HumanaChoicePPO PPO R5826-019		1	 _	<u> </u>			\$147.98 \$67.00	\$37.98	<u> </u>	 		•	<u> </u>		95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-020		1	•	•			\$83.00	\$27.67	•	1					97	
	+	HumanaChoicePPO PPO R5826-033		1		•	\vdash		\$83.00	\$27.67 \$19.01	•				1		97	:
		HumanaChoicePPO PPO R5826-001		1	- : -	 			\$114.00	\$29.28	•	 			 		97	•
				1						Ψ23.20	•						31	<u> </u>
	SecureHorizons Direct								\$0.00	_								
	SecureHorizons Direct	SecureHorizons Direct Plan 3 SecureHorizons Direct Premier Plan 200				•			\$0.00 \$85.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
Carreti	Constitution Name	Dian Nama	шмо	Local	Regional			Demo	Beneficiary Total Premium* (Including Drug	Beneficiary Drug	7000	Doduced	Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County DICKSON	Organization Name BlueCross BlueShield of Tennessee	Plan Name BlueAdvantage	НМО	PPO	PPO	Service	Plan	Plan	Premium) \$110.00	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
DICKSON	BlueCross BlueSnield of Termessee	BlueAdvantagePlus				•			\$147.98	\$37.98				_			95	•
	Healthspring	HealthSpring Primary	•			•			\$0.00	φ37.90 -				•			90	
	riealtrispring	Special Care	•						\$0.00	\$0.00			•				86	•
		Total Care	•						\$15.91	\$15.91			•				86	•
		HealthSpring Plus	•						\$23.50	\$23.50	•			•	•		86	•
		HealthSpring Advantage	•						\$118.00	\$18.56	i i			-			86	•
	Healthspring, Inc.	HealthSpring PPO	l -	•	1				\$104.00	\$18.56	1	1	-:				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019							\$53.00	\$27.67	•		-	•			97	•
		HumanaChoicePPO PPO R5826-019	 	1	•	Ť			\$67.00	φ21.01	† -	1		 	1	l	, , , , , , , , , , , , , , , , , , ,	
		HumanaChoicePPO PPO R5826-033	1	1	•				\$104.00	\$19.01	1	•					97	•
		HumanaChoicePPO PPO R5826-001		1	•				\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I	 	1	t -	•			\$9.00	φ29.20	t	 		-			, , , , , , , , , , , , , , , , , , ,	
DYER	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-								
		BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019	1						\$53.00	\$27.67				•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-							Ţ.	
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-							Ţ.	
FAYETTE	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-								
		BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary	•						\$0.00	-								
	3	Special Care	•						\$0.00	\$0.00			•				86	•
		Total Care	•						\$15.91	\$15.91			•				86	•
		HealthSpring Plus	•						\$23.50	\$23.50	•			•	•		86	•
		HealthSpring Advantage	•						\$118.00	\$18.56			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Windsor Medicare Extra	Windsor Medicare Extra Silver Plan	•						\$0.00	-								
		Windsor Medicare Extra Gold Enhanced Plan							\$29.00	\$29.00					•		97	•
		Windsor Medicare Extra Gold Basic Plan							\$32.00	\$31.76				•			97	•
		Windsor Medicare Extra Comprehensive								1 .					l			1
		Plan	•	<u> </u>					\$32.33	\$32.33			•				97	•
		Windsor Medicare Extra Platinum Basic		l														1
		Plan	•	<u> </u>					\$54.00	\$31.76	•			•			97	•
		Windsor Medicare Extra Platinum Enhanced							\$61.00	\$38.44				•	•		97	•
FENTRESS	BlueCross BlueShield of Tennessee	BlueAdvantage]			•			\$51.00	-								1
		BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001		<u> </u>	•				\$114.00	\$29.28	•			•			97	•
i	Sterling Option I	Sterling Option I	I			•			\$9.00	-								i

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO		Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FRANKLIN	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\vdash	\$76.00	-			(* /		- /			
		BlueAdvantagePlus				•			\$113.98	\$37.98	•			•			95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			\$53.00	\$27.67	•			•			97	•
	, , , , , , , , , , , , , , , , , , , ,	HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•		\vdash	\$9.00	-								
GIBSON	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-								
		BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			\$53.00	\$27.67	•	1		•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-		1						
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•	1		•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-		Ĭ						
GILES	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-		Ĭ						
		BlueAdvantagePlus				•			\$147.98	\$37.98	•	1		•			95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				\$67.00	-		Ĭ						
		Humana Gold Choice PFFS H1804-020				•			\$83.00	\$27.67	•	Ĭ		•			97	•
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
GRAINGER	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-								
		BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•						\$39.00	-								
		Cariten Senior Health-Advantage Plus	•						\$78.00	\$39.24		•		•			83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		•					\$88.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•		<u> </u>	\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•			ldot	\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•					ш	\$37.00	\$29.29	•			•			89	•
		Secure Plus 15	•					ш	\$64.00	-								
		Secure Plus 20	•		ļ			لـــــــ	\$69.29	\$29.29	•			•		ļ	89	•
		Secure Plus Prime	•		ļ			lacksquare	\$89.00	-						ļ		
<u> </u>		Secure Plus 15	•	ļ	ļ			╙	\$93.00	\$29.29	•	ļ		•		ļ	89	•
		Secure Plus 15	•		ļ			lacksquare	\$107.90	\$43.90	•			•		ļ	89	•
<u> </u>		Secure Plus Prime	•		ļ			╙	\$118.00	\$29.29	•			•		ļ	89	•
	0. 1. 0.1. 1	Secure Plus Prime	•		ļ			╙	\$133.00	\$43.90	•			•		ļ	89	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								<u> </u>

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
GREENE	BlueCross BlueShield of Tennessee	BlueAdvantage	TIMO	110	110	•	I Iaii	I Iaii	\$51.00	-	2610	Reduced	(ψ230)	Drugs	Offiny	Dianus	1 Officially	Offered
OREERE	Biacoroso Biacornola di Tormococc	BlueAdvantagePlus				•			\$88.98	\$37.98							95	
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•						\$39.00	-								
		Cariten Senior Health-Advantage Plus	•						\$78.00	\$39.24		•		•			83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		•					\$88.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•						\$37.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$64.00	-								
		Secure Plus 20	•						\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$89.00	-								
		Secure Plus 15	•						\$93.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$107.90	\$43.90	•			•			89	•
		Secure Plus Prime	•						\$118.00	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$133.00	\$43.90	•			•			89	•
ODUNDY	Sterling Option I	Sterling Option I				•			\$9.00	-								
GRUNDY	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$76.00	-							05	
	Healthspring	BlueAdvantagePlus HealthSpring Primary				•	-		\$113.98 \$0.00	\$37.98	•			•			95	•
	riealtrispring	Special Care	•		-				\$0.00	\$0.00						-	86	•
		Total Care	-						\$15.91	\$15.91			•	-			86	•
		HealthSpring Plus							\$23.50	\$23.50	•	1	•		•		86	- :
		HealthSpring Advantage	•						\$118.00	\$18.56		1	•	· ·	•		86	· ·
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•	-		\$0.00	\$0.00	•	1	-				97	· ·
	Tramana modrance company	HumanaChoicePPO PPO R5826-019				l i	-		\$67.00	ψ0.00 -	<u></u>	1		· ·			31	
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01							97	
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
HAMBLEN	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-								
		BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•						\$39.00	-								
		Cariten Senior Health-Advantage Plus	•						\$78.00	\$39.24		•		•			83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		•					\$88.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•						\$37.00	\$29.29	•			•			89	•
		Secure Plus 15	•	<u> </u>					\$64.00	-								
		Secure Plus 20	•	<u> </u>					\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•	<u> </u>					\$89.00	-	<u> </u>	<u> </u>		1			ļ	
		Secure Plus 15	•	ļ	 	 			\$93.00	\$29.29	•	ļ		•		 	89	•
		Secure Plus 15	•	ļ	 	 			\$107.90	\$43.90	•	ļ		•		 	89	•
		Secure Plus Prime	•	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	\$118.00	\$29.29	•	<u> </u>		•		<u> </u>	89	•
ļ	Otavila a Ontion I	Secure Plus Prime	•	<u> </u>	 	 	!	!	\$133.00	\$43.90	•		.	•		 	89	•
L	Sterling Option I	Sterling Option I				•			\$9.00	-	l	i .						

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost	•			Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduct	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO			Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HAMILTON	BlueCross BlueShield of Tennessee	BlueAdvantage				•		. ian	\$76.00	-	20.0	rtoudood	(\$200)	2.490	O,	Brando	. c.maa.y	0.10104
		BlueAdvantagePlus				•			\$113.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health-Advantage																
		(Hamilton)	•						\$93.00	-								
		CSH Advantage Plus (Hamilton)	•						\$132.00	\$39.24		•		•			83	•
	Healthspring	HealthSpring Primary	•						\$0.00	-								
		Special Care	•						\$0.00	\$0.00			•				86	•
		Total Care	•						\$15.91	\$15.91			•				86	•
		HealthSpring Plus	•						\$23.50	\$23.50	•			•	•		86	•
		HealthSpring Advantage	•						\$118.00	\$18.56			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
HANCOCK	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-								
		BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•						\$39.00									
		Cariten Senior Health-Advantage Plus	•						\$78.00	\$39.24		•		•			83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		•					\$88.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
	John Donne Hardte Blandler	HumanaChoicePPO PPO R5826-001			· •				\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•						\$37.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$64.00	- \$29.29							00	
		Secure Plus 20	•						\$69.29 \$89.00	\$29.29	•			•			89	•
		Secure Plus Prime Secure Plus 15							\$93.00	\$29.29	•			_			89	_
		Secure Plus 15	•	 	-				\$107.90	\$43.90	-	-		•		-	89	•
		Secure Plus Prime	÷	 	-				\$107.90	\$29.29	<u> </u>	-		•		-	89	•
		Secure Plus Prime		 	 	 	1		\$133.00	\$43.90	- :	1		•		 	89	•
	Sterling Option I	Sterling Option I	-						\$9.00	\$43.90 -	-			•			09	•
HARDEMAN	BlueCross BlueShield of Tennessee	BlueAdvantage	 	 	1	l :			\$110.00	-	1	1				1	l	1
	Diagonos Diagonicia di Tollilessee	BlueAdvantagePlus	1	1	1	•			\$147.98	\$37.98	•	1		•		1	95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019	1	1	•	1			\$67.00	φ37.30	1	1				1	- 55	
	Transaction of the state of the	Humana Gold Choice PFFS H1804-020	1	1	1	•			\$83.00	\$27.67	•	1				1	97	
 	<u> </u>	HumanaChoicePPO PPO R5826-033			•	t i			\$104.00	\$19.01	† Ť	•				1	97	·
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•		1	•			97	•
	Sterling Option I	Sterling Option I							\$9.00	-		t e						
HARDIN	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-		t e						
		BlueAdvantagePlus			1	•			\$147.98	\$37.98	•	1	i	•		1	95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019			1	•			\$53.00	\$27.67	•	1	i	•		1	97	•
	. ,	HumanaChoicePPO PPO R5826-019			•	1			\$67.00	-	1	1	i			1		
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•	ĺ				97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•		ĺ	•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cov	erage		Convenience
			М		Type of Advantage	Plan				D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HAWKINS	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$51.00	-								
		BlueAdvantagePlus				•		\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•					\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•					\$39.00	-								
		Cariten Senior Health-Advantage Plus	•					\$78.00	\$39.24		•		•			83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		•				\$88.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•		\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•			\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•					\$37.00	\$29.29	•			•			89	•
		Secure Plus 15	•					\$64.00	-								
		Secure Plus 20	•					\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•					\$89.00	-								
		Secure Plus 15	•					\$93.00	\$29.29	•			•			89	•
		Secure Plus 15	•					\$107.90	\$43.90	•			•			89	•
		Secure Plus Prime	•					\$118.00	\$29.29	•			•			89	•
		Secure Plus Prime	•					\$133.00	\$43.90	•			•			89	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-								
HAYWOOD	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$110.00	-								
		BlueAdvantagePlus				•		\$147.98	\$37.98	•			•			95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•			\$67.00	-								
		Humana Gold Choice PFFS H1804-020				•		\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•		\$9.00	-								
HENDERSON	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$110.00	-								
		BlueAdvantagePlus				•		\$147.98	\$37.98	•			•			95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•			\$67.00	-								
		Humana Gold Choice PFFS H1804-020	ļ		1	•		\$83.00	\$27.67	•	ļ		•	 	ļ	97	•
		HumanaChoicePPO PPO R5826-033	<u> </u>	<u> </u>	•			\$104.00	\$19.01		•				ļ	97	•
	10. 11. 0. 11. 1	HumanaChoicePPO PPO R5826-001	<u> </u>	<u> </u>	•			\$114.00	\$29.28	•	ļ		•		ļ	97	•
UENDY	Sterling Option I	Sterling Option I	ļ	 	1	•		\$9.00	-	 	ļ			 	ļ		
HENRY	BlueCross BlueShield of Tennessee	BlueAdvantage	<u> </u>	<u> </u>		•		\$110.00	-		ļ				ļ	L	
	ļ.,	BlueAdvantagePlus	ļ	 	1	•		\$147.98	\$37.98	•	ļ		•	 	ļ	95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019	<u> </u>	<u> </u>		•	<u> </u>	\$53.00	\$27.67	•	<u> </u>		•	<u> </u>	<u> </u>	97	•
		HumanaChoicePPO PPO R5826-019	<u> </u>	<u> </u>	•			\$67.00	-		ļ				ļ	07	
		HumanaChoicePPO PPO R5826-033	<u> </u>	<u> </u>	٠			\$104.00	\$19.01		•				ļ	97	•
	O Di Di	HumanaChoicePPO PPO R5826-001		<u> </u>	•		<u> </u>	\$114.00	\$29.28	•	 		•		 	97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	<u> </u>	<u> </u>		•	<u> </u>	\$25.00	-	<u> </u>	<u> </u>			<u> </u>	<u> </u>	.	
 	Otanila a Ontina I	SecureHorizons Direct Premier Plan 100	1	1	1	•	 -	\$95.00	-	 	1		1	 	1	1	 '
	Sterling Option I	Sterling Option I	l			•		\$9.00	-	l	i .			l	i .	[1

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		Description								Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan				D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HICKMAN	BlueCross BlueShield of Tennessee	BlueAdvantage				•	 	\$110.00	-	2010	11000000	(\$200)	D. ago	Oy	Dianao		0110104
	Bidderede Bidderiioid or Ferricodec	BlueAdvantagePlus				•	 	\$147.98	\$37.98		1		•		1	95	
	Healthspring	HealthSpring Primary	•				 	\$0.00	-		1				1	- 00	-
	r roducioprinig	Special Care	•				 	\$0.00	\$0.00		1	•			1	86	
		Total Care	•				 	\$15.91	\$15.91		1	•			1	86	•
		HealthSpring Plus	•				 	\$23.50	\$23.50	•	1		•		1	86	•
		HealthSpring Advantage	•				\vdash	\$118.00	\$18.56		1					86	•
	Healthspring, Inc.	HealthSpring PPO		•				\$104.00	\$18.56		ì	•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•			\$67.00	-								
		Humana Gold Choice PFFS H1804-020				•		\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•		\$9.00	-								
	United Healthcare Of Tennessee, Inc.	UnitedHealthcare Medicare Complete	•					\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•					\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus Rx						\$19.90	\$19.90							97	•
HOUSTON	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$110.00	-		ì						
		BlueAdvantagePlus				•		\$147.98	\$37.98	•	ì		•			95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•		\$53.00	\$27.67	•			•			97	•
	, , , , , , , , , , , , , , , , , , , ,	HumanaChoicePPO PPO R5826-019			•			\$67.00	-		ì						
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•		\$9.00	-								
HUMPHREYS	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$110.00	-								
		BlueAdvantagePlus				•		\$147.98	\$37.98	•	Ĭ		•			95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•		\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•			\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•		\$9.00	-								
JACKSON	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$51.00	-								
		BlueAdvantagePlus				•		\$88.98	\$37.98	•			•			95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•			\$67.00	-								
		Humana Gold Choice PFFS H1804-020				•		\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•	ш	\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•	ш	\$95.00	-								
l	Sterling Option I	Sterling Option I]	•	<u> </u>	\$9.00	-		l						

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		Description									Cost				Cov	erage		Convenience
			М		Type of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо		Regional PPO	Private Fee-for- Service			Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
JEFFERSON	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-		Ĭ .						
		BlueAdvantagePlus				•			\$88.98	\$37.98	•	Ĭ		•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•						\$39.00	-		Ĭ						
		Cariten Senior Health-Advantage Plus	•						\$78.00	\$39.24		•		•			83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		•					\$88.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								L
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•						\$37.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$64.00	-								L
		Secure Plus 20	•						\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$89.00	-								<u> </u>
		Secure Plus 15	•						\$93.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$107.90	\$43.90	•			•			89	•
		Secure Plus Prime	•						\$118.00	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$133.00	\$43.90	•			•			89	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
JOHNSON	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-								
		BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•					<u> </u>	\$39.00	-								├
	O-stree O-street Li-stre (DDO)	Cariten Senior Health-Advantage Plus	•						\$78.00	\$39.24		•		•			83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		٠					\$88.00 \$0.00	\$39.24		•		•			83 97	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009 HumanaChoicePPO PPO R5826-019	1			•			\$67.00	\$0.00	•	<u> </u>		•			97	•
		HumanaChoicePPO PPO R5826-033	1						\$104.00	- \$19.01		•					97	
		HumanaChoicePPO PPO R5826-001	1		:				\$104.00	\$29.28		•					97	•
	John Deere Health Plan, Inc.	Secure Plus 25		1	•	1		<u> </u>	\$37.00	\$29.20	- :			- : -			89	•
	John Deere Fleath Flatt, IIIC.	Secure Plus 25 Secure Plus 15	:	 	 	 		<u> </u>	\$64.00	\$29.29	<u> </u>	-		<u> </u>		-	09	
		Secure Plus 15 Secure Plus 20	+ :	1	1	 	-	\vdash	\$69.29	\$29.29		1				 	89	•
		Secure Plus Prime	+ :	1	1	 	-	\vdash	\$89.00	\$29.29		1		'		 	09	
		Secure Plus 15	+÷	1	 	 		\vdash	\$93.00	\$29.29		 				 	89	•
		Secure Plus 15	+ :	1	 	 		\vdash	\$107.90	\$43.90	- :	 		- :		 	89	- :
		Secure Plus Prime	+ ÷	1	 	 		\vdash	\$118.00	\$29.29	· ·	 		- : -		 	89	
	+	Secure Plus Prime	<u> </u>		_				\$133.00	\$43.90	- ·	 		•		-	89	
	Sterling Option I	Sterling Option I	Ť	 	1	- -	-	\vdash	\$9.00	ψ43.30 -	 	 		<u> </u>	-	 	- 55	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description									Cost					erage		Convenience
					uma af						D	rug Deduc	tible			Additional Offered in		
			М		ype of Advantage	Plan						J				erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zoro	Paduand	Standard (\$250)	Includes Tiered Copay- ments for	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County KNOX	Organization Name BlueCross BlueShield of Tennessee	BlueAdvantage	пио	PPU	PPU	Service	Pian	Pian	\$51.00	- Premium	Zero	Reduced	(\$250)	Drugs	Only	branus	Formulary	Offered
KINOX	BlueCloss BlueShleid of Termessee	BlueAdvantagePlus				•			\$88.98	\$37.98		1					95	
	Cariten Senior Health	Cariten Senior Health Complete	•			Ť			\$32.33	\$32.33	<u> </u>	•		•			83	•
	Canton Conton Ficality	Cariten Senior Health - Advantage	•						\$39.00	ψ02.00 -		1		·			- 00	
		Cariten Senior Health-Advantage Plus	•						\$78.00	\$39.24		•					83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		•					\$88.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			\$0.00	\$0.00	•			•			97	•
	1	HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•						\$37.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$64.00	-								1
		Secure Plus 20	•						\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$89.00	-								
		Secure Plus 15	•						\$93.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$107.90	\$43.90	•			•			89	•
		Secure Plus Prime	•						\$118.00	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$133.00	\$43.90	•			•			89	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								L
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								<u> </u>
LAKE	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-								
		BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	- 040.04							07	
		HumanaChoicePPO PPO R5826-033	-		•				\$104.00	\$19.01	-	•					97	•
	Ctading Option I	HumanaChoicePPO PPO R5826-001	-		•				\$114.00	\$29.28	•			•			97	•
LAUDEDDALE	Sterling Option I	Sterling Option I				•			\$9.00 \$110.00	-								
LAUDERDALE	BlueCross BlueShield of Tennessee	BlueAdvantage BlueAdvantagePlus				•			\$110.00	- \$37.98							95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•	•			\$67.00	φ37.96 -	·						93	<u> </u>
	Humana insurance Company	Humana Gold Choice PFFS H1804-020			•				\$83.00	\$27.67		1					97	•
		HumanaChoicePPO PPO R5826-033							\$104.00	\$19.01	<u></u>			· ·			97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•	<u> </u>					97	•
	Sterling Option I	Sterling Option I			<u> </u>	•			\$9.00	φ25.20							- 57	
LAWRENCE	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-								
EXTRACTOR	Biacoroco Biacornola di Tornicococ	BlueAdvantagePlus				•			\$147.98	\$37.98	•						95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				\$67.00	φον.σο		1					- 55	
		Humana Gold Choice PFFS H1804-020				•			\$83.00	\$27.67	•			•			97	•
	1	HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
	1	HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•	1		•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
LEWIS	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-								
		BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				\$67.00	-								1
		Humana Gold Choice PFFS H1804-020				•			\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LINCOLN	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-								
		BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
LOUDON	BlueCross BlueShield of Tennessee	BlueAdvantage	_			•			\$51.00	-		<u> </u>			<u> </u>		0.5	
<u> </u>	Caritan Caniar Health	BlueAdvantagePlus	-		<u> </u>	•	-		\$88.98	\$37.98	•	-		•	 		95	•
<u> </u>	Cariten Senior Health	Caritan Senior Health Complete	•		<u> </u>		-		\$32.33 \$39.00	\$32.33	 	•		•	 		83	•
<u> </u>		Cariton Senior Health - Advantage	•	-	-				\$39.00 \$78.00	\$39.24	 	 	1	<u> </u>	 		02	
<u> </u>	Cariten Senior Health (PPO)	Cariten Senior Health-Advantage Plus Cariten Senior Health PPO	•		<u> </u>				\$78.00	\$39.24 \$39.24	 	•		•	 		83 83	•
		Humana Gold Choice PFFS H1804-009	 	•		•			\$0.00	\$0.00	•	•		- :	<u> </u>		97	•
-	Humana Insurance Company	HumanaChoicePPO PPO R5826-019	1	1	•	•			\$67.00	\$0.00	<u> </u>	1		<u> </u>	1		91	- •
		HumanaChoicePPO PPO R5826-033			-				\$104.00	\$19.01			-		1		97	
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•	•		•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•	 				-	\$37.00	\$29.29	•	<u> </u>		•	<u> </u>		89	
	Comin Decire Ficalar Filan, Inc.	Secure Plus 15	•						\$64.00	φ25.25	<u> </u>			·	1		- 00	-
		Secure Plus 20	•						\$69.29	\$29.29	•			•	1		89	•
		Secure Plus Prime	•						\$89.00	-	-			-	1		- 00	-
		Secure Plus 15	•						\$93.00	\$29.29				•			89	
		Secure Plus 15	•						\$107.90	\$43.90	•			•			89	•
		Secure Plus Prime	•						\$118.00	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$133.00	\$43.90	•			•			89	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
MACON	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-								
		BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary	•						\$0.00	-								
		Special Care	•						\$0.00	\$0.00			•				86	•
		Total Care	•						\$15.91	\$15.91			•				86	•
		HealthSpring Plus	•						\$23.50	\$23.50	•			•	•		86	•
		HealthSpring Advantage	•						\$118.00	\$18.56			•				86	•
	Healthspring, Inc.	HealthSpring PPO		•					\$104.00	\$18.56			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•	<u> </u>		•	ļ		97	•
MARIOC::	Sterling Option I	Sterling Option I	ļ	ļ		•	L		\$9.00	-	ļ	ļ						
MADISON	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-		<u> </u>			<u> </u>			
	<u> </u>	BlueAdvantagePlus	<u> </u>		ļ	•	-		\$147.98	\$37.98	•	 		•	ļ		95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019	ļ	 		•			\$53.00	\$27.67	•	ļ		•	ļ		97	•
		HumanaChoicePPO PPO R5826-019	ļ	 	•				\$67.00	-	ļ	ļ			ļ			
		HumanaChoicePPO PPO R5826-033	<u> </u>	<u> </u>	•				\$104.00	\$19.01	<u> </u>	•	.		<u> </u>		97	•
	Otavila a Ontion I	HumanaChoicePPO PPO R5826-001	<u> </u>	<u> </u>	•				\$114.00	\$29.28	•	<u> </u>	.	•	<u> </u>		97	•
 	Sterling Option I	Sterling Option I	 	 	 	•	-	-	\$9.00	-	 	 		 	 			
 	Windsor Medicare Extra	Windsor Medicare Extra Silver Plan	•	 	 		-	-	\$20.00	¢24.76	 	 		 	 		07	
		Windsor Medicare Extra Gold Plan Windsor Medicare Extra Comprehensive	•	 	 		-	-	\$51.00	\$31.76	•	 		•	 		97	•
		Invitiosor intedicate extra comprehensive	1	1	ı	l	1	1	l	1	1	1	1	1	1	l	1	
		Plan							\$56.84	\$32.33	l l		_				97	_

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cove	erage		Convenience
		·	Me		ype of Advantage	Plan				D	rug Deduc	tible		Type of A	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MARION	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$76.00	-								
		BlueAdvantagePlus				•		\$113.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary	•					\$0.00	-								
		Special Care	•					\$0.00	\$0.00			•				86	•
		Total Care	•					\$15.91	\$15.91			•				86	•
		HealthSpring Plus	•					\$23.50	\$23.50	•			•	•		86	•
		HealthSpring Advantage	•					\$118.00	\$18.56			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•		\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•		ļ	\$67.00	-	ļ	 				ļ		
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01	ļ	•					97	•
	0 11 1 2	HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
MARGUALI	Sterling Option I	Sterling Option I				•		\$9.00	-								
MARSHALL	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$110.00									
	Hardthandan	BlueAdvantagePlus				•		\$147.98	\$37.98	•	ļ		•			95	•
	Healthspring	HealthSpring Primary	•					\$0.00	-		ļ					00	
		Special Care	•					\$0.00	\$0.00	<u> </u>		•			ļ	86	•
		Total Care	•					\$15.91 \$23.50	\$15.91	 		•	_		ļ	86 86	•
		HealthSpring Plus HealthSpring Advantage	•					\$118.00	\$23.50 \$18.56	•			•	•	ļ	86	•
	Healthspring, Inc.	HealthSpring PPO	·					\$104.00	\$18.56	<u> </u>	<u> </u>					86	-:-
-	Humana Insurance Company	HumanaChoicePPO PPO R5826-019		•	•			\$67.00	\$10.50			•				00	•
	Humana insurance Company	Humana Gold Choice PFFS H1804-020			•	•		\$83.00	\$27.67	•		1	•			97	•
	+	HumanaChoicePPO PPO R5826-033				•		\$104.00	\$19.01	-	•	1	•			97	-:
	+	HumanaChoicePPO PPO R5826-001			- ·			\$114.00	\$29.28	•	•	1	•			97	•
-	Sterling Option I	Sterling Option I						\$9.00	Ψ29.20	 	<u> </u>		•			31	•
MAURY	BlueCross BlueShield of Tennessee	BlueAdvantage				· ·		\$110.00	-	1	<u> </u>						
WINCOTCI	Dideorosa Dideorneia di Termesace	BlueAdvantagePlus				•		\$147.98	\$37.98				•			95	•
	Healthspring	HealthSpring Primary	•					\$0.00	φοτ.σο	<u> </u>			•			- 55	•
	Troditiopring	Special Care	•					\$0.00	\$0.00	1						86	•
		Total Care	•					\$15.91	\$15.91	1		•				86	•
		HealthSpring Plus	•					\$23.50	\$23.50	•			•	•		86	•
		HealthSpring Advantage	•					\$118.00	\$18.56	ì						86	•
	Healthspring, Inc.	HealthSpring PPO		•				\$104.00	\$18.56			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•			\$67.00	-								
	1	Humana Gold Choice PFFS H1804-020				•		\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•		\$9.00	-								
MC MINN	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$76.00	-	<u> </u>							
		BlueAdvantagePlus				•		\$113.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•					\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•					\$39.00	-								
		Cariten Senior Health-Advantage Plus	•					\$78.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•		\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•			\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-				1				
	Sterling Option I	Sterling Option I						\$9.00									

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	tible		Coverage	Additional e Offered in verage Gap		
O-marks	Samuladia Nasa	Ster News			Regional			Demo	Beneficiary Total Premium* (Including Drug	Beneficiary Drug	7	Dadward	Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County MC NAIRY	Organization Name BlueCross BlueShield of Tennessee	Plan Name BlueAdvantage	НМО	PPO	PPO	Service	Plan	Plan	Premium) \$110.00	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
IVIC NAIRT	BlueCross BlueShield of Tennessee	BlueAdvantagePlus				•			\$147.98	\$37.98	•	1		•			95	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				·			\$53.00	\$27.67	•			•			97	•
	Tramana mourance company	HumanaChoicePPO PPO R5826-019			•	_			\$67.00	φ21.01							- 51	
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-		1					Ţ.	
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
MEIGS	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$76.00	-								
		BlueAdvantagePlus				•			\$113.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•						\$39.00	-								
		Cariten Senior Health-Advantage Plus	•						\$78.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
HOUBOE	Sterling Option I	Sterling Option I				•			\$9.00	-								
MONROE	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-							0.5	
	One the second s	BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•						\$39.00	-							00	
	Cariten Senior Health (PPO)	Cariten Senior Health-Advantage Plus Cariten Senior Health PPO	•						\$78.00 \$88.00	\$39.24 \$39.24		•		•			83 83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009		-		•			\$0.00	\$0.00	•			•		-	97	•
	Humana insurance Company	HumanaChoicePPO PPO R5826-019				•			\$67.00	-	•	+		•			91	
		HumanaChoicePPO PPO R5826-033			-:-				\$104.00	\$19.01		•					97	
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28							97	•
	Sterling Option I	Sterling Option I			-	•			\$9.00	φ23.20	-			-			- 51	
MONTGOMERY	BlueCross BlueShield of Tennessee	BlueAdvantage							\$110.00	-								
		BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary	•						\$0.00	-								
	' '	Special Care	•						\$0.00	\$0.00			•				86	•
		Total Care	•						\$15.91	\$15.91			•				86	•
		HealthSpring Plus	•						\$23.50	\$23.50	•			•	•		86	•
		HealthSpring Advantage	•						\$118.00	\$18.56			•				86	•
	Healthspring, Inc.	HealthSpring PPO		•					\$104.00	\$18.56			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033		 	•				\$104.00	\$19.01		•				ļ	97	•
<u> </u>	Ota-line Ontion I	HumanaChoicePPO PPO R5826-001		ļ	•		.		\$114.00	\$29.28	•			•			97	•
MOODE	Sterling Option I	Sterling Option I	-	1		•		-	\$9.00	-		1			 	1		
MOORE	BlueCross BlueShield of Tennessee	BlueAdvantage		-		•			\$110.00	- 027.00							05	
	Humana Inguranaa Campan	BlueAdvantagePlus	-	1		•		-	\$147.98	\$37.98	•	1		•	 	1	95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019 Humana Gold Choice PFFS H1804-020		-	•	_		-	\$67.00	\$27.67				_			97	
—		Humana Gold Choice PFFS H1804-020 HumanaChoicePPO PPO R5826-033	 	 		•		 	\$83.00 \$104.00	\$27.67 \$19.01	•		-	•	 	 	97	•
-		HumanaChoicePPO PPO R5826-003	l	1	•			l	\$104.00	\$29.28		+-		•	 	 	97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	l	1	•	•		l	\$25.00	\$29.20 -	<u> </u>	1		•	 	 	31	
	COCC. C. TOTIZOTIO DITOC	SecureHorizons Direct Premier Plan 100	-	 		•		-	\$95.00	-		 	 		 	 		
	Sterling Option I	Sterling Option I	1			· •		1	\$9.00	-		1			1	1		
L	1 option :	1 3-puon 1			·		L		ψυ.υυ				l	L	<u> </u>	<u> </u>		

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		S OF OCTODER 10, 2005. The Control of Description						J		1 -71	Cost		, -			erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MORGAN	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-				Ĭ				
		BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	٠						\$32.33	\$32.33		•		•	ļ		83	•
		Cariten Senior Health - Advantage Cariten Senior Health-Advantage Plus	•						\$39.00 \$78.00	- \$39.24		•			-		83	
	Cariten Senior Health (PPO)	Cariten Senior Health PPO	·						\$88.00	\$39.24		•		- :	1		83	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019		Ť					\$53.00	\$27.67	•	1					97	
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	ļ			•			\$25.00	-					ļ			
	Sterling Option I	SecureHorizons Direct Premier Plan 200 Sterling Option I	 	-	1	:	-		\$85.00 \$9.00	-	1	1		 	 	1		
OBION	BlueCross BlueShield of Tennessee	BlueAdvantage				-:			\$110.00						1			
OBIOIN	Didectoss Didectileid of Termessee	BlueAdvantagePlus				·			\$147.98	\$37.98	•			•			95	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
OVEDTON.	Sterling Option I	Sterling Option I				•			\$9.00	-								
OVERTON	BlueCross BlueShield of Tennessee	BlueAdvantage BlueAdvantagePlus				•			\$51.00 \$88.98	- \$37.98							95	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			-	•			\$67.00	\$37.90	•			•	1		95	•
	Tramana modrance company	Humana Gold Choice PFFS H1804-020							\$83.00	\$27.67	•						97	
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
PERRY	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-								
		BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019 Humana Gold Choice PFFS H1804-020			•				\$67.00 \$83.00	\$27.67							97	
		HumanaChoicePPO PPO R5826-033			· .	•			\$104.00	\$19.01	•			•	1		97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•	1		•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
PICKETT	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-								
	11	BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019 Humana Gold Choice PFFS H1804-020			•	•			\$67.00 \$83.00	\$27.67							97	
		HumanaChoicePPO PPO R5826-033			— .	l i			\$104.00	\$19.01	<u> </u>	.					97	•
		HumanaChoicePPO PPO R5826-001	1		•				\$114.00	\$29.28	•			•	1		97	·
	Sterling Option I	Sterling Option I				•			\$9.00	-				İ				
POLK	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$76.00	-								
		BlueAdvantagePlus				•			\$113.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•			ļ			\$32.33	\$32.33		•		•		ļ	83	•
		Cariten Senior Health - Advantage	•						\$39.00	- f20.24	1	<u> </u>		-			02	_
	Humana Ingurance Company	Cariten Senior Health-Advantage Plus Humana Gold Choice PFFS H1804-019	•						\$78.00 \$53.00	\$39.24 \$27.67		•		•	 	<u> </u>	83 97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019	1	-		•			\$53.00 \$67.00	\$27.67		1	1	•	1	 	91	•
-		HumanaChoicePPO PPO R5826-033	-		•	1	-		\$104.00	\$19.01	1	•		-	1	1	97	•
		HumanaChoicePPO PPO R5826-001			·				\$114.00	\$29.28		<u> </u>		•	†		97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00									
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I			1	•			\$9.00	-	1	1			1	1		1

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
PUTNAM	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-			(, , , ,				,	
		BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								Ĺ
RHEA	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$76.00	-								
		BlueAdvantagePlus				•			\$113.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•						\$39.00	-								
		Cariten Senior Health-Advantage Plus	•						\$78.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
BOANE	Sterling Option I	Sterling Option I				•			\$9.00	-								
ROANE	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-							0.5	
	Oneiten Oneiten Hankk	BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•						\$39.00			ļ					00	
	O-sites O-sites H-site (BBO)	Cariten Senior Health-Advantage Plus	•						\$78.00 \$88.00	\$39.24 \$39.24		•		•			83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO Humana Gold Choice PFFS H1804-019	1	•					\$88.00 \$53.00	\$39.24	<u> </u>	•		•			83 97	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019	1	<u> </u>		•			\$53.00 \$67.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033	 		- : -				\$104.00	\$19.01							97	•
		HumanaChoicePPO PPO R5826-001			- :				\$104.00	\$29.28	•	•					97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•						\$37.00	\$29.29	-	1		- : -			89	•
	John Deere Health Flan, Inc.	Secure Plus 15	•	 					\$64.00	Ψ23.23	<u></u>	1		· ·			03	
		Secure Plus 20	•	 					\$69.29	\$29.29	•	1					89	•
		Secure Plus Prime	•	 					\$89.00	φ23.23 -	l i	1					- 00	
		Secure Plus 15	•						\$93.00	\$29.29	•						89	•
		Secure Plus 15	•						\$107.90	\$43.90	•			•			89	•
		Secure Plus Prime	•	1					\$118.00	\$29.29	•	1		•			89	•
		Secure Plus Prime	•	1					\$133.00	\$43.90	•	1		•			89	•
	Sterling Option I	Sterling Option I	1	1		•			\$9.00	-		1						
ROBERTSON	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-								
		BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary	•		1	1			\$0.00	-	1							ſ
	1 3	Special Care	•		1	1			\$0.00	\$0.00	1		•				86	•
		Total Care	•		1	1			\$15.91	\$15.91	1		•				86	•
		HealthSpring Plus	•						\$23.50	\$23.50	•			•	•		86	•
		HealthSpring Advantage	•						\$118.00	\$18.56			•				86	•
	Healthspring, Inc.	HealthSpring PPO		•					\$104.00	\$18.56			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								ſ
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-							_	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	<u> </u>	Description									Cost		<u> </u>			erage		Convenience
		1																000
											D	rug Deduct	ible			Additional Offered in		
					ype of						_	. ug Douuo.			Drug Cov	erage Gap		
			M	edicare	Advantage I	Plan												
									Beneficiary									
									Total					Includes			Number of	
						Private			Premium*	Beneficiary				Tiered Copay-		Generics	Top 100	
					Regional								Standard	ments for	Generics	and	Drugs on	Mail Order
County	Organization Name	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
RUTHERFORD	BlueCross BlueShield of Tennessee	BlueAdvantage		_		•			\$110.00	-							0.5	
	I lo althonoise	BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary Special Care	•	1					\$0.00 \$0.00	\$0.00							86	
-		Total Care	:						\$15.91	\$15.91			•				86	- :
		HealthSpring Plus	·		1				\$23.50	\$23.50			•	•			86	<u> </u>
		HealthSpring Advantage	·	1	1				\$118.00	\$18.56	<u> </u>		•	<u> </u>			86	•
	Healthspring, Inc.	HealthSpring PPO	_	•					\$104.00	\$18.56			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019							\$53.00	\$27.67							97	•
	, , , , , , , , , , , , , , , , , , , ,	HumanaChoicePPO PPO H4408-002		•	ì				\$54.00	\$27.62	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	United Healthcare Of Tennessee, Inc.	UnitedHealthcare Medicare Complete	•						\$0.00	-								
		UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete Plus							_	_								
00077	DI 0 DI 01:11 (T	Rx	•						\$19.90	\$19.90	•			•			97	•
SCOTT	BlueCross BlueShield of Tennessee	BlueAdvantage		_		•			\$51.00	-							05	
	Cariten Senior Health (PPO)	BlueAdvantagePlus Cariten Senior Health PPO		•		•			\$88.98	\$37.98	•			•			95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019		<u> </u>		•			\$88.00 \$53.00	\$39.24 \$27.67		•		•			83 97	•
	Humana insurance company	HumanaChoicePPO PPO R5826-019			•	•			\$67.00	-	•			•			91	
		HumanaChoicePPO PPO R5826-033		 	•				\$104.00	\$19.01		•					97	
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25		†					\$37.00	\$29.29	•			•			89	
		Secure Plus 15	•	†					\$64.00	-							- 55	
		Secure Plus 20	•						\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$89.00	-								
		Secure Plus 15	•						\$93.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$107.90	\$43.90	•			•			89	•
		Secure Plus Prime	•						\$118.00	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$133.00	\$43.90	•			•			89	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
SEQUATCHIE	BlueCross BlueShield of Tennessee	BlueAdvantage		ļ		•			\$76.00	-								
	ļ	BlueAdvantagePlus		ļ	ļ	•			\$113.98	\$37.98	•			•			95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009	-	1	1	•			\$0.00	\$0.00	•		l	•			97	•
	+	HumanaChoicePPO PPO R5826-019 HumanaChoicePPO PPO R5826-033	l	 	•		-		\$67.00 \$104.00	- \$19.01				 			97	
		HumanaChoicePPO PPO R5826-033	-	1	•				\$104.00	\$19.01		•		•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2	l	1	<u> </u>				\$0.00	\$29.20	<u> </u>			-			91	
	Occurs IUIZUIIa Dilect	SecureHorizons Direct Premier Plan 200	l		1	<u> </u>			\$85.00	-				1				
	Sterling Option I	Sterling Option I	1	1	1	•			\$9.00	-								
	Otoming Option i	Jordania Obrigita	L	1	1				ψυ.υυ									1

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost	·				erage		Convenience
			M		ype of Advantage	Plan				D	rug Deduct	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SEVIER	BlueCross BlueShield of Tennessee	BlueAdvantage				•	 	\$51.00	-	20.0	71000000	(\$200)	2.490	O.n.y	Brando		0.10.00
		BlueAdvantagePlus				•		\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•	1				\$32.33	\$32.33				•			83	•
		Cariten Senior Health - Advantage	•					\$39.00	-								
		Cariten Senior Health-Advantage Plus	•					\$78.00	\$39.24		•		•			83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		•				\$88.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•		\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•			\$67.00	-								
	1	HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01							97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•					\$37.00	\$29.29	•			•			89	•
		Secure Plus 15	•					\$64.00	-								
		Secure Plus 20	•					\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•					\$89.00	-								
		Secure Plus 15	•					\$93.00	\$29.29	•			•			89	•
		Secure Plus 15	•					\$107.90	\$43.90	•			•			89	•
		Secure Plus Prime	•					\$118.00	\$29.29	•			•			89	•
		Secure Plus Prime	•					\$133.00	\$43.90	•			•			89	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-								
SHELBY	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$110.00	-								
		BlueAdvantagePlus				•		\$147.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary	•					\$0.00	-								
	1 '	Special Care	•					\$0.00	\$0.00			•				86	•
		Total Care	•					\$15.91	\$15.91			•				86	•
		HealthSpring Plus	•					\$23.50	\$23.50	•			•	•		86	•
		HealthSpring Advantage	•					\$118.00	\$18.56			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•			\$67.00	-								
		HumanaChoicePPO PPO H4408-001		•				\$74.00	\$27.62	•			•			97	•
		Humana Gold Choice PFFS H1804-020				•		\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•		\$9.00	-								
	Windsor Medicare Extra	Windsor Medicare Extra Silver Plan	•					\$0.00	-								
		Windsor Medicare Extra Gold Enhanced															
		Plan	•					\$29.00	\$29.00	•			•	•		97	•
		Windsor Medicare Extra Gold Basic Plan						\$32.00	\$31.76	•						97	
		Windsor Medicare Extra Comprehensive Plan						\$32.33	\$32.33			•				97	•
		Windsor Medicare Extra Platinum Basic Plan						\$54.00	\$31.76				•			97	•
		Windsor Medicare Extra Platinum Enhanced						\$61.00	\$38.44	•			•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan				D	rug Deduci	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO			Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SMITH	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$51.00	-								
		BlueAdvantagePlus				•		\$88.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary	•					\$0.00	-								
		Special Care	•					\$0.00	\$0.00			•				86	•
		Total Care	•					\$15.91	\$15.91			•				86	•
		HealthSpring Plus	•					\$23.50	\$23.50	•			•	•		86	•
		HealthSpring Advantage	•					\$118.00	\$18.56			•				86	•
	Healthspring, Inc.	HealthSpring PPO	<u> </u>	•			<u> </u>	\$104.00	\$18.56			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•			\$67.00	-								
		Humana Gold Choice PFFS H1804-020				•		\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•		\$9.00	-								
STEWART	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$110.00	-								
		BlueAdvantagePlus				•		\$147.98	\$37.98	•			•			95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•		\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•			\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•			\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•			\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•		\$9.00	-								
SULLIVAN	BlueCross BlueShield of Tennessee	BlueAdvantage				•		\$51.00	-								
		BlueAdvantagePlus				•		\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•					\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•					\$39.00	-								
		Cariten Senior Health-Advantage Plus	•					\$78.00	\$39.24		•		•			83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		•				\$88.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•		\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019		ļ	•		<u> </u>	\$67.00	-								<u> </u>
		HumanaChoicePPO PPO R5826-033			•		ļ	\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001	<u> </u>		•		<u> </u>	\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•	ļ	 	 	!	\$37.00	\$29.29	•	 		•		 	89	•
		Secure Plus 15	•	ļ			<u> </u>	\$64.00	-								<u> </u>
		Secure Plus 20	•	<u> </u>			<u> </u>	\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•	ļ			<u> </u>	\$89.00	-								<u> </u>
		Secure Plus 15	•	ļ			<u> </u>	\$93.00	\$29.29	•			•			89	•
		Secure Plus 15	•	ļ	 	 	!	\$107.90	\$43.90	•	 		•		 	89	•
		Secure Plus Prime	•	ļ	 	 	!	\$118.00	\$29.29	•	 		•		 	89	•
	<u></u>	Secure Plus Prime	•	ļ	 	 	!	\$133.00	\$43.90	•	 		•		 	89	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1		ļ		•	<u> </u>	\$0.00	-								<u> </u>
		SecureHorizons Direct Premier Plan 200	ļ			•	<u> </u>	\$85.00	-								<u> </u>
	Sterling Option I	Sterling Option I		ļ		•	<u> </u>	\$9.00	-								<u> </u>
1		UnitedHealthcare MedicareComp Essential	1														
	United Healthcare Insurance Company	y Rx]	•		\$0.00	\$0.00	•			•]	97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduct	ible	-	Coverage	Additional Offered in verage Gap		
County	Complication Name	Dian Nama	нмо	Local PPO	Regional PPO			Demo	Beneficiary Total Premium* (Including Drug		7000	Dadward	Standard (\$250)	Includes Tiered Copay- ments for	Generics Only	Generics and	Number of Top 100 Drugs on Formulary	Mail Order
County SUMNER	Organization Name BlueCross BlueShield of Tennessee	Plan Name BlueAdvantage	HMO	PPU	PPO	Service	Plan	Plan	Premium) \$110.00	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
SUMMER	BideCross BideSilleid of Teriflessee	BlueAdvantagePlus				-		-	\$147.98	\$37.98	•			•			95	
	Healthspring	HealthSpring Primary	•					-	\$0.00	Ψ57.90	 				-		95	
	Ticalinophing	Special Care	•					-	\$0.00	\$0.00				 		\vdash	86	
		Total Care	•					\rightarrow	\$15.91	\$15.91			•	†	—	\vdash	86	•
		HealthSpring Plus	•					\rightarrow	\$23.50	\$23.50	•			•	•	\vdash	86	•
		HealthSpring Advantage	•					-	\$118.00	\$18.56			•				86	
	Healthspring, Inc.	HealthSpring PPO		•				-	\$104.00	\$18.56			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•		-	\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO H4408-002		•				-	\$54.00	\$27.62	•			•			97	•
	1	HumanaChoicePPO PPO R5826-019			•			-	\$67.00	-				<u> </u>		—		
		HumanaChoicePPO PPO R5826-033			•			-	\$104.00	\$19.01		•					97	
		HumanaChoicePPO PPO R5826-001			•			-	\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•		\neg	\$9.00	-								
TIPTON	BlueCross BlueShield of Tennessee	BlueAdvantage				•		-	\$110.00	-								
-		BlueAdvantagePlus				•		-	\$147.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary	•					-	\$0.00	-								
	, , , , , , , , , , , , , , , , , , ,	Special Care	•					-	\$0.00	\$0.00			•				86	•
		Total Care	•					-	\$15.91	\$15.91			•				86	•
		HealthSpring Plus	•					-	\$23.50	\$23.50	•			•	•		86	•
		HealthSpring Advantage	•					-	\$118.00	\$18.56			•				86	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•			$\overline{}$	\$67.00	-								
		Humana Gold Choice PFFS H1804-020				•		-	\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•				ļ ,	97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•		ļ ,	97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-						ļ ,		
	Windsor Medicare Extra	Windsor Medicare Extra Silver Plan	•					$\neg \neg$	\$0.00	-								
		Windsor Medicare Extra Gold Enhanced Plan							\$29.00	\$29.00							97	
								\neg										
		Windsor Medicare Extra Gold Basic Plan	•					, ,	\$32.00	\$31.76	•			•		į ,	97	
		Windsor Medicare Extra Comprehensive						$\overline{}$						T .			[
		Plan	•	l				, !	\$32.33	\$32.33			•	1		į ,	97	•
		Windsor Medicare Extra Platinum Basic Plan							\$54.00	\$31.76							97	
		Windsor Medicare Extra Platinum Enhanced							\$61.00	\$38.44							97	
TROUSDALE	BlueCross BlueShield of Tennessee	BlueAdvantage						-	\$110.00	-								
		BlueAdvantagePlus				•		$\overline{}$	\$147.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary	•					-	\$0.00	-	1					 		
	' '	Special Care	•						\$0.00	\$0.00			•				86	•
		Total Care	•					-	\$15.91	\$15.91			•				86	•
		HealthSpring Plus	•					-	\$23.50	\$23.50	•			•	•	 	86	•
		HealthSpring Advantage	•					$\overline{}$	\$118.00	\$18.56			•	T .			86	•
	Healthspring, Inc.	HealthSpring PPO	1	•				-	\$104.00	\$18.56	1		•			 	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•		-	\$53.00	\$27.67	•			•			97	•
	1	HumanaChoicePPO PPO R5826-019			•			$\overline{}$	\$67.00	-	1							
-	†	HumanaChoicePPO PPO R5826-033			•			$\overline{}$	\$104.00	\$19.01	1	•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•		i i	97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
Carrette	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	7010	Reduced	Standard (\$250)	Includes Tiered Copayments for	Generics Only	Generics and	Number of Top 100 Drugs on Formulary	Mail Order Offered
County UNICOI	BlueCross BlueShield of Tennessee	BlueAdvantage	ПИО	PPU	PPU	Service	Pian	Pian	\$51.00	Premium.	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
ONICOI	Didectoss Didectileid of Termessee	BlueAdvantagePlus				•			\$88.98	\$37.98				•			95	
	Cariten Senior Health	Cariten Senior Health Complete	•			+ -			\$32.33	\$32.33	+ ·	•		•			83	<u> </u>
	Canton Conton Floatin	Cariten Senior Health - Advantage	•						\$39.00	-							- 00	
		Cariten Senior Health-Advantage Plus	•						\$78.00	\$39.24		•		•			83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		•		1			\$88.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-					Ì			
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•						\$37.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$64.00	-								
		Secure Plus 20	•						\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$89.00	-								
		Secure Plus 15	•						\$93.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$107.90	\$43.90	•			•			89	•
		Secure Plus Prime	•						\$118.00	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$133.00	\$43.90	•			•			89	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential							\$0.00	\$0.00	•			•			97	
UNION	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-								
		BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•						\$39.00	-								
		Cariten Senior Health-Advantage Plus	•						\$78.00	\$39.24		•		•			83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		•					\$88.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•						\$37.00	\$29.29	•			•			89	•
		Secure Plus 15	٠						\$64.00	-								
		Secure Plus 20	•						\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$89.00	-								
		Secure Plus 15	•						\$93.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$107.90	\$43.90	•			•			89	•
		Secure Plus Prime	٠						\$118.00	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$133.00	\$43.90	•			•			89	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
VAN BUREN	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-								
		BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		Humana Gold Choice PFFS H1804-020				•			\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	··	Description									Cost Coverage							Convenience
	Organization Name	Plan Name	Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County			нмо	Local PPO	Regional PPO	Private Fee-for- Service		Cost Demo		Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WARREN	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-			(* /		,		,	
		BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary	•						\$0.00	-								
		Special Care	•						\$0.00	\$0.00			•				86	•
		Total Care	•						\$15.91	\$15.91			•				86	•
		HealthSpring Plus	•						\$23.50	\$23.50	•			•	•		86	•
		HealthSpring Advantage	•						\$118.00	\$18.56			•				86	•
	Healthspring, Inc.	HealthSpring PPO		•					\$104.00	\$18.56			•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
WASHINGTON	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-								
		BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Cariten Senior Health	Cariten Senior Health Complete	•						\$32.33	\$32.33		•		•			83	•
		Cariten Senior Health - Advantage	•						\$39.00	-								
		Cariten Senior Health-Advantage Plus	•						\$78.00	\$39.24		•		•			83	•
	Cariten Senior Health (PPO)	Cariten Senior Health PPO		•					\$88.00	\$39.24		•		•			83	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-009				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	John Deere Health Plan, Inc.	Secure Plus 25	•						\$37.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$64.00	-								
		Secure Plus 20	•						\$69.29	\$29.29	•			•			89	•
		Secure Plus Prime	•						\$89.00	-								
		Secure Plus 15	•						\$93.00	\$29.29	•			•			89	•
		Secure Plus 15	•						\$107.90	\$43.90	•			•			89	•
		Secure Plus Prime	•						\$118.00	\$29.29	•			•			89	•
		Secure Plus Prime	•		 	 			\$133.00	\$43.90	•	 		•	 		89	•
	Sterling Option I	Sterling Option I			 	•			\$9.00	-	ļ	 			 			
WAYNE	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-	<u> </u>							
	<u> </u>	BlueAdvantagePlus			 	•			\$147.98	\$37.98	•	 		•	 		95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•	 			\$67.00	-	ļ	 			 			
		Humana Gold Choice PFFS H1804-020		<u> </u>		•			\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•	 			\$104.00	\$19.01	ļ	•			 		97	•
		HumanaChoicePPO PPO R5826-001			•	 			\$114.00	\$29.28	•	 		•	 		97	•
MEAR EV	Sterling Option I	Sterling Option I			 	•			\$9.00	-	ļ	 			 			
WEAKLEY	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-								
		BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019				•			\$53.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-019			•				\$67.00	-								
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
1	Sterling Option I	Sterling Option I				•			\$9.00	-								

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	ontracts/plans approved as					Convenience												
		Plan Name	Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name		нмо		Regional PPO	Private Fee-for- Service		Demo	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WHITE	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$51.00	-								
		BlueAdvantagePlus				•			\$88.98	\$37.98	•			•			95	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-019			•				\$67.00									
		Humana Gold Choice PFFS H1804-020				•			\$83.00	\$27.67	•			•			97	•
		HumanaChoicePPO PPO R5826-033			•				\$104.00	\$19.01		•					97	•
		HumanaChoicePPO PPO R5826-001			•				\$114.00	\$29.28	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
WILL IA MOON	Sterling Option I	Sterling Option I				•			\$9.00	-								
WILLIAMSON	BlueCross BlueShield of Tennessee	BlueAdvantage				•			\$110.00	-							05	
	I I Ide	BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary	•						\$0.00	-							00	
		Special Care	•		ļ				\$0.00	\$0.00		<u> </u>	•				86	•
		Total Care	•		ļ				\$15.91 \$23.50	\$15.91 \$23.50		<u> </u>	•				86	•
		HealthSpring Plus	•								•			•	•		86	•
	Healthspring, Inc.	HealthSpring Advantage HealthSpring PPO	•		ļ				\$118.00	\$18.56		<u> </u>	•				86 86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019		•	ļ	•			\$104.00 \$53.00	\$18.56 \$27.67		<u> </u>	•				97	•
	numana insurance Company	HumanaChoicePPO PPO R5826-019	 			•			\$67.00	\$27.07	•	 		•		-	97	•
		HumanaChoicePPO PPO R5826-033	 						\$104.00	\$19.01						-	97	
		HumanaChoicePPO PPO R5826-001	1		<u> </u>				\$114.00	\$29.28		<u> </u>					97	- : -
	Windsor Medicare Extra	Windsor Medicare Extra Silver Plan			•				\$0.00		•	 		•		-	97	•
	Willusor Medicare Extra	Windsor Medicare Extra Gold Enhanced	•		1				\$0.00	-		 				-		
		Plan							\$31.00	\$31.00	•			•	•		97	•
		Windsor Medicare Extra Gold Basic Plan Windsor Medicare Extra Comprehensive							\$32.00	\$31.76	•			•			97	•
		Plan Windsor Medicare Extra Platinum Basic							\$32.33	\$32.33			•				97	•
		Plan Windsor Medicare Extra Platinum Basic Plan	•						\$51.00	\$31.76	•			•			97	•
		Enhanced							\$57.00	\$38.44	•			•			97	•
WILSON	BlueCross BlueShield of Tennessee	BlueAdvantage		<u> </u>		•			\$110.00	-								
		BlueAdvantagePlus				•			\$147.98	\$37.98	•			•			95	•
	Healthspring	HealthSpring Primary	•	<u> </u>					\$0.00	-								
		Special Care	•	<u> </u>	1				\$0.00	\$0.00		ļ	•			<u> </u>	86	•
		Total Care	•	ļ					\$15.91	\$15.91		ļ	•			 	86	•
		HealthSpring Plus	•	<u> </u>	1				\$23.50	\$23.50	•	ļ		•	•	<u> </u>	86	•
	Healtheaving Inc	HealthSpring Advantage	•	<u> </u>					\$118.00	\$18.56		1	•			1	86	•
	Healthspring, Inc.	HealthSpring PPO	 	٠	1				\$104.00	\$18.56		ļ	•				86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-019		1	_	•			\$53.00	\$27.67	•	-		•			97	•
		HumanaChoicePPO PPO R5826-019		1	•				\$67.00	- \$19.01				 			97	
		HumanaChoicePPO PPO R5826-033 HumanaChoicePPO PPO R5826-001	 	1	•				\$104.00 \$114.00	\$19.01 \$29.28		•				 	97	•
	1	IDUMANAU BOICEPPU PPU K5876-001		1					5114.00	3/9/28				•	1	1	97	•